42/5

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

2004/17-0008

(NEMC 199-DIV)

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			19					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			19 minus 20=		• 5			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 m	inus 3 =				X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PF			RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, en					"0" in c	column 2		TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II							SMALL I	ENTITY	OR	OTHER SMALL			
		(Column 1)		(Colun		(Column 3)	1 -	JIIIALL		- On (JiiiAEE .		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	grab .		=		X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		=		X43=	-	OR	X86=		
	FIRST PRESE	ENTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=		
							L	TOTAL			TOTAL		
		Α	DDIT. FEE			ADDIT. FEE							
_		(Column 1) I CLAIMS	T	(Colun		(Column 3)	lr		4501	1 1		1001	
AMENDMENT B		REMAINING AFTER AMENDMENT	•	NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	+	Minus	***	CL AIN	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
							. A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)			•			•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- FEE	. [RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·	
AME	Independent		Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		T	+145=		OR	+290=		
• If the entry in column 1 is less than the entry in column 2, write *0* in column 3.								TOTAL			TOTAL		
		mber Previously Pai mber Previously Pa					AE	DIT. FEE		~'' A	DDIT. FEE		
		ber Previously Paid					foun	d in the appr	opriate box	in colu	mn 1.		